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FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT ▼** Example: If typing, type over the lines. 12FE4M5

Hagan for U.S. Senate, Inc.

ADDRESS (number and street) ▼ PO Box 29103

Check if different than previously reported. (ACC)

CITY ▲ Greensboro STATE ▲ NC ZIP CODE ▲ 27429 -

2. **FEC IDENTIFICATION NUMBER ▼** C C00457622

3. IS THIS REPORT ☐ NEW (N) **OR** ☒ AMENDED (A)

STATE ▼ NC DISTRICT 00

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

- ☐ April 15 Quarterly Report (Q1)
- ☐ July 15 Quarterly Report (Q2)
- ☐ October 15 Quarterly Report (Q3)
- ☒ January 31 Year-End Report (YE)
- ☐ Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

☐ Primary (12P) ☐ General (12G) Runoff (12R)

☐ Convention (12C) ☐ Special (12S)

Election on M M / D D / Y Y in the State of

(c) 30-Day **POST**-Election Report for the:

☐ General (30G) ☐ Runoff (30R) Special (30S)

Election on M M / D / Y Y in the State of

5. Covering Period M M 10 / D D 01 / Y Y Y Y 2013 through M M 12 / D D 31 / Y Y 2013

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Dwight M. Davidson III

Signature of Treasurer *Dwight M. Davidson III* Date M M 05 D D 09 Y Y 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

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